https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/29/2022

Inflation for Outpatient Rehabilitation Rates, Effective July 1, 2019

The purpose of this bulletin is to inform you that effective July 1, 2019 the rates for outpatient rehabilitation providers will be increased to reflect a 3.00% inflation adjustment.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal	
Automated	
Response System (ARS)	www.virginiamedicaid.dmas.virginia.gov
Member eligibility, claims status, payment	www.virginiamedicaid.dinas.virginia.gov
status, service limits, service authorization	
status, and remittance advice.	
Medicall (Audio Response System)	
Member eligibility, claims status, payment	1-800-884-9730 or 1-800-772-9996
status, service limits, service authorization	
status, and remittance advice.	

This action is in accordance with Chapter 12 of the Virginia Administrative Code, Section 30-80200, which mandates the annual inflation adjustment for outpatient rehabilitation providers.

Outpatient Rehabilitation rates, effective July 1, 2019, may be found on the DMAS web site at:

www.dmas.virginia.gov.

Richmond, VA 23219

Suite 1300

https://dmas.virginia.gov

MEDICAID BULLETIN

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: http://www.dmas.virginia.gov/#/medex.

KEPRO Service authorization information for fee- forservice members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee- for-service members.	http://www.dmas.virginia.gov/#/longtermprograms www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627